



FORM 490
1986

**CONSOLIDATED
CAMPAIGN STATEMENT**
(Government Code Sections 84200-84217)
Type or Print in Ink

Statement covers period 1/1/87 through 6/30/87 Semi Annual Filing

CHECK ONE OF THE FOLLOWING BOXES TO INDICATE THE TYPE OF STATEMENT BEING FILED.
☒ 1ST SEMI-ANNUAL STATEMENT ☐ 1ST PRE-ELECTION STATEMENT
☐ 2ND SEMI-ANNUAL STATEMENT ☐ 2ND PRE-ELECTION STATEMENT
☐ SUPPLEMENTAL PRE-ELECTION STATEMENT
 (If filing a Supplemental Pre-Election Statement, you must complete Form 495 and attach it to this statement.)

RECEIVED
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ALICE M. REIMCHE
CITY CLERK
CITY OF LODI

DATE OF ELECTION (MO., DAY, YR.) (IF APPLICABLE):

TOTAL PAGES:

2

OFFICIAL USE ONLY

I CANDIDATE/OFFICEHOLDER INCLUDED IN THIS CONSOLIDATED REPORT

NAME OF CANDIDATE:

David Hinchman

OFFICE SOUGHT OR HELD (Include location and district number if applicable)

Member Lodi City Council

RESIDENTIAL ADDRESS: NO. AND STREET CITY STATE ZIP CODE AREA CODE/PHONE NUM
 1131 South Pleasant Ave. Lodi CA 95240 209 333-16

BUSINESS ADDRESS: NO. AND STREET CITY STATE ZIP CODE AREA CODE/PHONE NUM
 8405 Tam O'Shanter Dr. Stockton CA 209 369-52

II CONTROLLED COMMITTEES* INCLUDED IN THIS CONSOLIDATED REPORT

NAME OF COMMITTEE:

Committee to elect Dave Hinchman

I.D. NUMBER

841105

ADDRESS OF COMMITTEE: NO. AND STREET CITY STATE ZIP CODE AREA CODE/PHONE NUM
 920 Elliott Place Lodi CA 95240 209 369-51

NAME OF TREASURER:

Millard L. Fore, Jr.

PERMANENT ADDRESS OF TREASURER: NO. AND STREET CITY STATE ZIP CODE AREA CODE/BUSINESS PHONE NUM
 920 Elliott Place Lodi CA 95240 209 369-5158

NAME OF COMMITTEE:

I.D. NUMBER

ADDRESS OF COMMITTEE: NO. AND STREET CITY STATE ZIP CODE AREA CODE/PHONE NUM

NAME OF TREASURER:

PERMANENT ADDRESS OF TREASURER: NO. AND STREET CITY STATE ZIP CODE AREA CODE/BUSINESS PHONE NUM

* A controlled committee is one which is controlled directly or indirectly by a candidate or which acts jointly with a candidate or controlled committee connection with the making of expenditures. A candidate controls a committee if the candidate, the candidate's agent, or any other committee he or she controls, has significant influence on the actions or decisions of the committee.

Attach additional information or appropriately labeled continuation sheets.

III CANDIDATE/OFFICEHOLDER ONLY: LIST ANY OTHER COMMITTEES NOT INCLUDED IN THIS CONSOLIDATED STATEMENT WHICH ARE CONTROLLED BY YOU OR ARE PRIMARILY FORMED TO RECEIVE CONTRIBUTIONS OR MAKE EXPENDITURES ON BEHALF OF YOUR CANDIDACY.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	TREASURER	CONTROLLED COMMITTEE	
			YES	NO

Attach additional information on appropriately labeled continuation sheets.

VERIFICATION

I have used all reasonable diligence in preparing this Statement. I have reviewed the Statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____ at Lodi, California by Millard L. Fore
 (DATE) (CITY AND STATE) (SIGNATURE OF TREASURER)

Executed on _____ at _____ by _____
 (DATE) (CITY AND STATE) (SIGNATURE OF TREASURER)

I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this Statement. I have reviewed the Statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/30/87 at Lodi, California by David Hinchman
 (DATE) (CITY AND STATE) (SIGNATURE OF CANDIDATE OR OFFICEHOLDER)

**CAMPAIGN DISCLOSURE STATEMENT SUMMARY PAGE
FORM 420, 430 OR 490**

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD	
FROM	THROUGH
1/1/87	6/30/88

NAME OF CANDIDATE OR COMMITTEE:

David Hinchman

I.D. NUMBER (IF COMMITTEE)

841105

	COLUMN A Cumulative total from previous period*	COLUMN B Total this period from attached schedules	COLUMN C Cumulative to date (Columns A + B)
CONTRIBUTIONS RECEIVED			
1. Monetary contributions	\$	\$ SCHEDULE A, LINE 3	\$
2. Loans received	SCHEDULE B, LINE 7
3. SUBTOTAL CASH RECEIPTS	\$ LINES 1 + 2	\$ LINES 1 + 2	\$ LINES 1 + 2
4. Non-monetary contributions	SCHEDULE C, LINE 3
5. Pledges	SCHEDULE D, LINE 7
6. TOTAL CONTRIBUTIONS	\$ LINES 3 + 4 + 5	\$ LINES 3 + 4 + 5	\$ LINES 3 + 4 + 5 (SHOULD EQUAL LINE 6, COLUMNS A + B)
EXPENDITURES MADE			
7. Payments	\$	\$ SCHEDULE E, LINE 5	\$
8. Loans made**	SCHEDULE EE, LINE 7
9. SUBTOTAL	\$ LINES 7 + 8	\$ LINES 7 + 8	\$ LINES 7 + 8
10. Accrued expenses (unpaid bills)	SCHEDULE F, LINE 5
11. TOTAL EXPENDITURES	\$ LINES 9 + 10	\$ LINES 9 + 10	\$ LINES 9 + 10 (SHOULD EQUAL LINE 11, COLUMNS A + B)

*IF THIS IS THE FIRST REPORT FILED FOR THE CALENDAR YEAR, COLUMN A SHOULD BE BLANK EXCEPT FOR UNPAID LOANS RECEIVED, PLEDGES, OUTSTANDING LOANS MADE AND UNPAID BILLS (LINES 2, 5, 8 AND 10).

** (IMPORTANT: SEE INSTRUCTIONS ON REVERSE FOR PREPARING THE SUMMARY PAGE CONCERNING REPORTING LOANS MADE, LINE 8, COLUMN A.)

STATEMENT OF CHANGES IN FINANCIAL CONDITION

12. Cash on hand at the beginning of this period. (Enter "Cash on Hand at Closing Date" from previous statement filed.)	\$ 163.89
13. Cash receipts this period (Line 3, Column B above)	-0-
14. Miscellaneous adjustments to cash (Schedule G, Line 8)	-0-
15. Cash payments this period (Line 9, Column B above)	-0-
16. Cash on hand at closing date (Lines 12 + 13 + 14 - 15 above)	\$ 163.89
17. Cash equivalents (other assets held including outstanding loans made to others). Important: See instructions on reverse	\$ -0-
18. Outstanding debts (Line 2 + Line 10 of Column C above)	\$ -0-

SUMMARY FOR CANDIDATES IN BOTH A JUNE AND NOVEMBER ELECTION (See Instructions on Reverse)

	1/1 thru 6/30	7/1 to date
19. CONTRIBUTIONS RECEIVED:		
20. EXPENDITURES MADE:		